

837

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

54

CERTIFICATE OF DEATH

REGISTRAR'S NO.

81

BIRTH NO.

PLACE OF DEATH
AND
RESIDENCE

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Globe</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Globe</u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>386 Cuprite St.</u>		D. STREET ADDRESS <u>586 Cuprite St.</u>	

PRECEDENT
PERSONAL
DATA

3. NAME OF DECEASED (TYPE OR PRINT) <u>James Riley Stanfill</u>		4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>
6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>June</u> DAY <u>15</u> YEAR <u>1888</u>	8. AGE YEARS <u>56</u> MONTHS <u>7</u> DAYS <u>16</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>mill rite</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>MILL RITE - MINING</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Kentucky</u>	11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO</u>
14A. FATHER'S NAME <u>Thomas J. Stanfill</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Kentucky</u>	15A. MOTHER'S MAIDEN NAME <u>Julina Freeman</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Kentucky</u>
16. INFORMANT'S SIGNATURE <u>Mrs. Claudia Stanfill</u>		17. DATE OF DEATH (MONTH) <u>January</u> (DAY) <u>31</u> (YEAR) <u>1949</u> TIME <u>11:50 a.m.</u>	

CAUSE
OF
DEATH
ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRAINDICATED.	MEDICAL CERTIFICATION DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Cancer head & pancreas</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
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OPERATIONS,
AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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DEATH
DUE TO
EXTERNAL
FORCE

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

MEDICAL
CORONER'S
CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan 9</u> , 19 <u>49</u> TO <u>Jan 31</u> , 19 <u>49</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Jan 31</u> , 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>4:50 p.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE <u>Walter M. J. Bruen M.D.</u>	23B. ADDRESS <u>Globe, Arizona</u>	23C. DATE SIGNED <u>1-31-49</u>

FUNERAL
DIRECTOR
AND
REGISTRAR

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>Feb. 3, 1949</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Arizona</u>
25A. DATE REC'D BY LOCAL REG. <u>Jan. 31-49</u>	25B. REGISTRAR'S SIGNATURE <u>Gene Havelle</u>	26. FUNERAL DIRECTOR'S SIGNATURE <u>Frank B. Beck</u> ADDRESS <u>386 Cuprite St. Globe, Ariz.</u>	